11_1		tem2 FilmGl13 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	6	0/23/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  OF REAL MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06829
HEALTH DEPT.	1. D		
	(	ECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Type or Print)  Allan Murray Baird DEATH MATED	79-17 1969 2.3
loy I 3 t Pog	3. S	EX 4 RACE S DATE OF RIRTH 6. AGE (fo years   IF UNDER 1 YEAR   IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	24 HOLLB
hin 24 hours ofter death any delay is ned in them 18. Give Pages 1, 2, and 3 to hinge's Office along with farm PM3. Page pages Pand 2 with the State Department of hours ofter death.		Tale White 10/19/1896 72 birthday) YRS. MONTHS DAYS HOURS MIN. Month 5 Day 17	19 Year 19 69 3.3
B 7.2	7a.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED DOPPON STORY	
ges far		TTY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done	Md.
be executed within 24 hours ofter death "pending" in pencil in them 18. Give Pages 1, nief Medical Exomines office along with farm onsit permit. File pages Pand 2 with the State Deevent within 72 hours ofter death.	10.	Cambridge Cambridge-Md. Hospital Linsurance broker	
fer Give ong the	13a.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	
s often 18. Gine e along 2 with deoth	0	dmissian) STATE Md. 13b. COUNTY Cambridge YES X NO 706 Locust	St.
Hours Afem Office offer	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
· 4 = 3 4 5		James Baird Annie	Murray
thin 24 noi-fift pages pages hours	160 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  See, no, or unknown)  JUCYS GIVE WORD FORCES?  WW 1  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  A Mrs. Allan Baird Cambr	
l with n per Exon File			APPROXIMATE INTERVAL
uted g" il ical mit. ithir		18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Hemorrhage	Fow min.
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be e "per ief insit		Conditions, if only, which gove ) A. Rupture encury sm endominel sorts	l day.
should be executed ne word "pending" in to the Chief Medical E. buriol-tronsit permit. F. I in ony event within		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho sho in in a		(c)	
// e = B o c	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rritific ritific vard vard vol.	NOI	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
NER: This certificate, writing hould be forwarder iles.	CERTIFICATION	WAS PERFORMED?	YES TO NO
MINER: This of the certificate, 4 should be four files.  e 3 should be use a should be use.		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2,	
XAMINER: te the certi ge 4 should your files. 'oge 3 shoul cremotion,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
MIN the 4 sh ur fill e 3 s	ME	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, white part white factory, affice building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County State
L EXA ecute Page or you R: Pog	143	AT WORK  AT WORK	
se execute the certicator. Page 4 should files. RECTOR: Page 3 should burial, cremotion,		22a. I certify that I took charge of the remains described above, held an Autopsy 🛣, Inspection 🔲, Inquiry [	
ase ase recto sined REC!	-	death resulted from: Natural causes 🔲, Accident 🗌, Suicide 🗍, Hamicide 🗍, Undetermined manner	
EPUTY DICA sssary, please ex funerol director. oy be retained f JNERAL DIRECTO		ACTUAL CHIEF MEDICAL EXAMINER 22b. DAT	E SIGNED
ury, ary, nero be be pr		SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  EXAMINER'S  DEPUTY MEDICAL EXAMINER XX  5/	19/69
To DEPUTY DICAL EXAM necessary, please execute the funerol director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) John Mace Jr. ADDRESS(Street, city, tawn, ar county)	
To D The Sm	23a	BURIAC, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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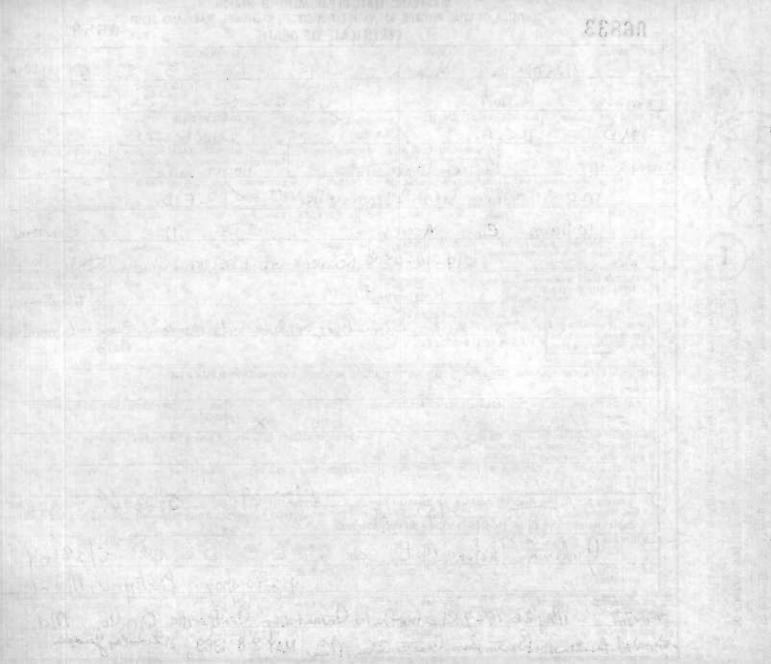
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	requires that the death certificate be executed within 24 hours after death g physician.  signed by the attending physician and completely filled in by the factorial in signed by the attending physician and completely filled in by the factorial e burial-transit permit. Then please remaye carban papers. Pages in a burial, crematian, or remayal, and to any event, within 72 hours after death	10.	ambridge	11. NA 1920	ME OF HOSPITAL OR INS	TITUTION (If not in hospital	during most of wo	ATION (Kind of work of king life, even if reting	dane 12b. K red.) INDUS	CIND OF BUSINESS OR STRY
	omplete ve cark	13a. adm	USUAL RESIDENCE (Where issian) STATE Md.	deceased lived, if institution	on: Residence before			Be. STREET AND NUMBI		Blvd.
	exe of the second	14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIL		Mide		Last
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	rtificate physicie en plec aval, ar	160	WAS DECEASED EVER IN U. 'es, no. ar unknawn) (If y	ARMED FORCES? es give war or dates of service)	16b. SOCIAL SECURITY N		nston Re	Addr		APPROXIMATE INTERVAL
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1	that an. by th transi cremo		rise to immediate couse stating the underlying c	(a), (b)	A CONSEQUENCE OF					51.74.12
0	equires tha physician. signed by burial-tran		PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART 1(a)		
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	attending attending has been use as the lth prior ta	CERTIFICATION				YES 🗀	NO C	AUSES OF DEATH?		
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	by the hospitation that the property of the pr	WE	21d. INJURY OCCURRED While Nat while at wark	21e. PLACE OF INJURY (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street	ar R.F.D. Na.	City ar Tawn	County	Y State
	Ding by the After 1 be d State		220. I certify that (	l) (this hospital) ofte	nded the deceose	9692, and that in (my	1, 19, 60, to	oth occurred on t	(, 19 <i>5</i> 969 he date and	that (I) (we) la
	TOR: hauld th the		couses stated of	above, (I) (we) (did) (	did not) view the	body after death.			22c. DATE/SIG	
	OR A be rel DIREC		11.6	Jus	abey )	DEGREE PHYS.	DIRECTOR	STAFF PHYS.	5/2	6/69
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt		22d. PHYSICIAN'S NAME (Type)	.E.GUI	NBYC	SR 22e. ADDR	4-14151	2186	EN	MY
	Age day Fun Fun Firect	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE		CEMETERY OR CREMATORY		OCATION (City or Town		
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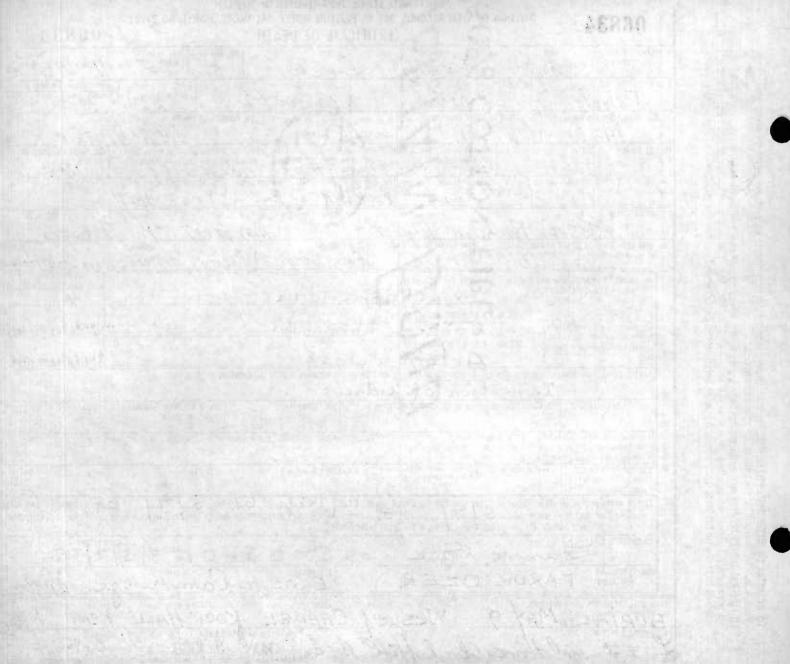
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ret ret wild wild wild wild wild wild wild wild	22b. SIGNATURE	· P N. + MD	DEGREE ATTENDING MED. DIRECT	STAFF 22c. D	SIZ3 69
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45M - 769	Those & South	M. Joans Sur Centre	SIL , IND, MAY 20	1969 James	0



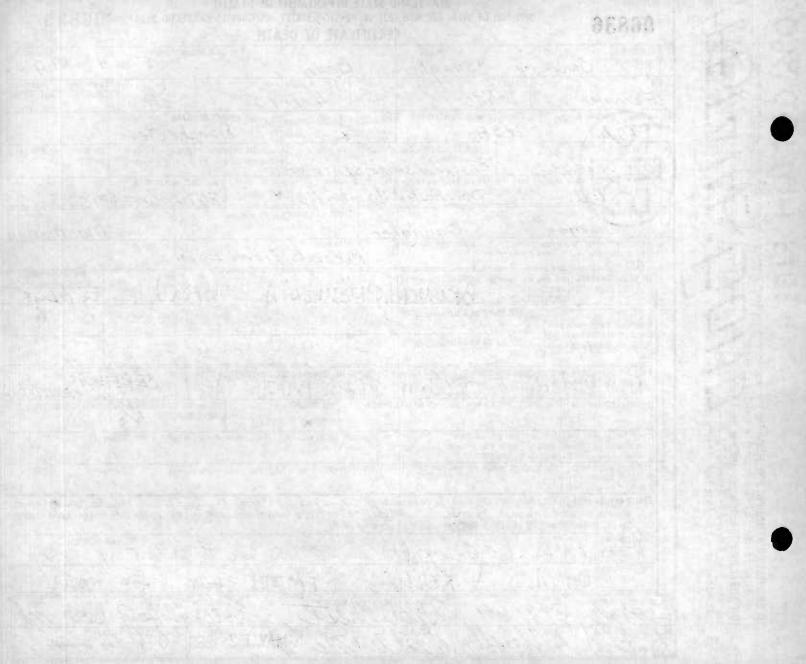
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	L			CERTIFICATE OF DEATH		06833
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that the an. by the orransit percremation		Conditians, if any, which gave rise ta immediate cause (a), stating the underlying cause	(b) Cerebra  Due To, or as a consequence of  Oue To, or as a consequence of	L thrombosis		Undetermined
physician physician signed by buriol-fra		last.	1) Arterio	sclerosis		Undetermined
ng ph ng ph en sig to bu	z	PART 2. OTHER SIGNIFICANT CON	nfection of	OT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(a)	
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ICIAN: pital or tificote d for u	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examir	TH HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Part 1 or Part 2, It	Pem 1B.)
5 PHYSICIAN the haspital this certifical detached for e Dept. of He	ME			CTORY.) 21f. LOCATION Street or R.F.D. N	la. City ar Town	County State
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OR AT be reto DIRECTO		22b. SIGNATURE : Fa	ruk Özer	DEGREE ATTENDING DEGREE PHYS.	MED. STAFF 22c. D. DIRECTOR PHYS.	ATE SIGNED 17/69.
TO HOSPITAL OR ATTENI Poge 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the		22d. PHYSICIAN'S NAME (Type)		La 101011	H. Cambrida	je Ind.
TO HO Poge TO FUI direct shau	J.	BURIAL, CREMATION, 23b. I	1AY 9 Wes	LEY CHAPEL	23d LOCATION (City or Tawn) KOCK HALL	Kent MD.
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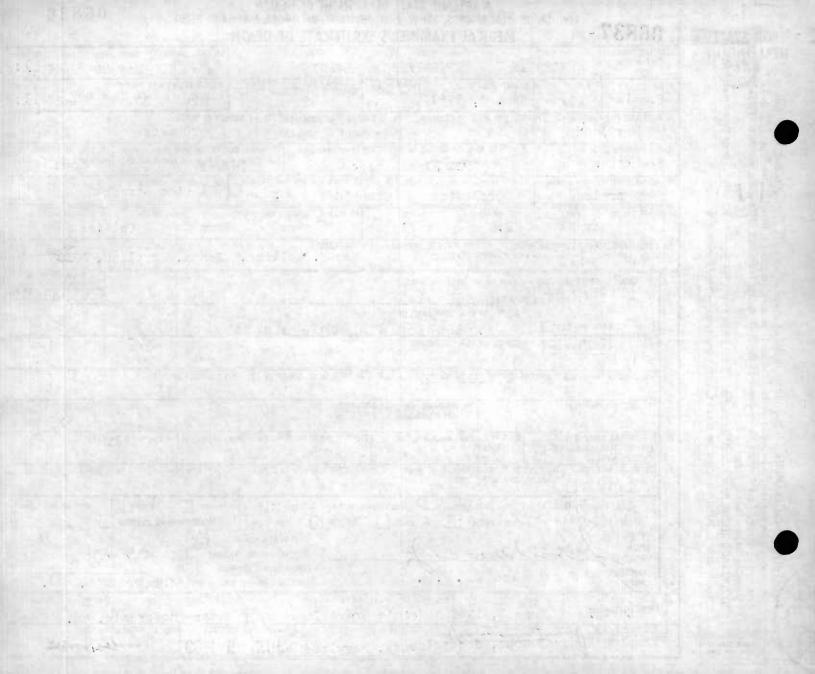


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06834 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME HEALTH DEP First 20. DATE KNOWN X 7 Month Doy Yeor 2b. HOUR (Type or Print) EST1 DEAN OF TDA FRANCES May 18 169 2, and 3 ta PM3. Poge DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 2d. HOUR with the State Departmen last birthday) 86 YRS. June 30, 1882 Yeor 60 Female White 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? Office along with farm country) Maryland Dorchester USA WIDOWED A DIVORCED [ Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife Cambridge Md. Hospital INDUSTRY Cambridge Home 24 hours after 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. odmission) STATE Marvland | 13b. COUNTY Dorchester Hem 18. Hoopersville YES NOX None and 2 after 14. FATHER'S NAME Middle lost 1S. MOTHER'S MAIDEN NAME First Middle Frank Booze Cordelia Ruark . = the Chief Medical Examiner's haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT executed within LeCompte Funeral Service records (Yes, no, or unknown) (If yes give war ar dates of service) File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending" IMMEDIATE CAUSE (o) Terminal Pneumonia days event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove days (b) Fracture Pelvis rise to immediate couse (o), shauld any writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= Page 4 shauld be forwarded ta and certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) D remaval, CERTIFICATION used 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate, YES 🗔 NO IK pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Month, Dov. Year 3 should MEDICAL PRIMARY OR CONTRIBUTING \* crematian, Fell in home. 1069 DICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote fectory, office building, etc.) FUNERAL DIRECTOR: Page Hoopersville, Dor. WHILE AT WORK AT WORK Md. burial, 220. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry ond in my opinion the funeral directar. Notural couses . Accident deoth resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5/20/69 DEPUTY MEDICAL EXAMINER Health **EXAMINERS** John Mace Jr. may Cambridge, Md. ADDRESS(Street, city, town, or county) NAME (Type) 50 230. BURIAL, CREMATION, 23h. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) May 20 1969 Dorchester Memorial Park Cambridge. Maryland 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland TOM REV.

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death.	(	ECEASED-NAME First (Ype or print) Jeres	a Galla	Middle 29her	Dean	2a. DATE OF DEATH Month 5	Day 4 Year 69 9 P M
s after the u ages s after	3. SI	x Female	4. RACE White		S. DATE OF BIRTH 4-1-80	6. AGE (In years last birthday)	IF UNDER 1 YEAR 1F UNDER 24 HRS. MONTHS DAYS HOURS MIN. S.
4 haur I in by Pers. P		BIRTHPLACE (State or foreign http) M.L.	76. CITIZEN OF WHAT COUN	NTRY? 8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Dorchester	
d within 24 haurs after detely filled in by the und arban papers. Pages 1.1, within 72 haurs after of	1	ambridge	il. NAME OF H	OSPITAL OR INSTITUTION (I		UAL OCCUPATION (Kind of work don most of working life, even if retired	e 12b. KIND OF BUSINESS OR
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execute remove n any eve	14.	ATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME		Lost
be ex e remd		Thomas	G	allagher			MacMahan
ertificate be physician pen please aval, and ir	160	WAS DECEASED EVER IN U.S. ARN	ED FORCES? ar or dates of service)	CIAL SECURITY NO. 17	informant seconds fro	nm ESSA Address	- riacrianan
at the death c the attending nsit permit. The matian, ar rem		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA  Conditions, if any, which gave trise to immediate cause (a), stating the underlying cause lost.	y one couse per line for (a BY: TE CAUSE (a)	ONCHOPA SEQUENCE OF	Aldonnac	(485)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  COMMENT OF THE PROXIMATE INTERVAL  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
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G PHYSICIA the haspital r this certifica detached fa	W	While Not while at work			LOCATION Street ar R.F.D. N		Caunty State
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ro Hospital. Page 4 may O FUNERAL I director, pag	236	BURIAL, CREMATION, 23b. C SEMONAL (Specify)	ATE / 69 2	3. NAME OF CEMETERY	R/CREMATORY/	23d LOCATION (City of Town)	(County) (State)
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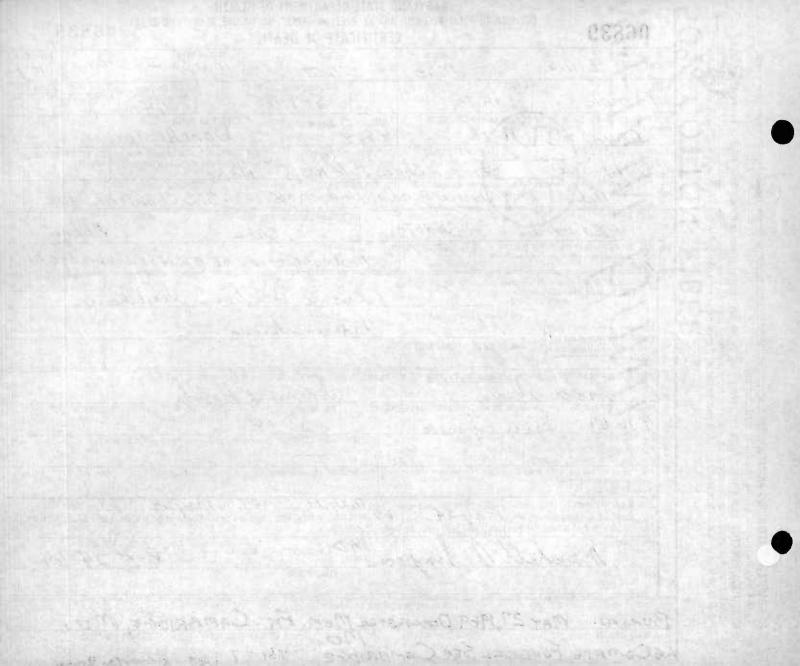




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	草工章		3. SEX	4. RACE	-	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF	F UNDER 24 HRS
	s of the South	-29	Female	Whit	6	08-17-9			HOURS MIN
•	by by		7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT		RIED NEVER MARRIED	9. COUNTY OF DEATH		
T.	<b>DING PHYSICIAN:</b> The law requires that the death certificate be executed within 24 haurs after death by the haspital ar attending physician.  Lifer this certificate has been signed by the attending physician and campletely filled in by the fasteral be detacted far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 state Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs atterdeath.	-50	COUNTRY) MARYLAND	U.S. A	7. WIDO	WED DIVORCED	Dorchester	,	Md
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1	ent,	-	13o. USUAL RESIDENCE (Where de	eosed lived, of institution:	Residence before 13c. Cl	TY OR TOWN 13d, INSIDE CITY		710	00
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	eme emc any	2	14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME	First Middle	1	Lost
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	ate icia leas an		160. WAS DECEASED EVER IN U.S. Yes, no, or unknown)   (If yes	ARMED FORCES? 16b	. SOCIAL SECURITY NO.	17. INFORMANTMES . Mar		Salisbury,	, Ma.
	ohys on p		(1955)	2	18-30-168	Records c	FEASTERN SH		105p.
	The law requires that the death certificate be executed at attending physician. It is a physician and cample that been signed by the attending physician and cample use as the burial-transit permit. Then please remove call the priar to burial, crematian, or remaval, and in any event		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA			Mrs. Mary Elle	en Layfield, Sali	S bur y APPINION	ywand
	eath endii nit.		PART I. DEATH WAS CA	JSED BY: EDIATE CAUSE (o)	MOWCHOPP!	BURD NIA	(485)	3 a	JKS.
	atte an,	1	485X	DUE TO, OR AS A		THE RESERVE OF THE SECOND			
	the sit p		Conditions, if ony, which go rise to immediate couse (	ve) (b)					
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	AN: al ar icate far u Heal	201		YING 21b. TIME OF INJ	URY 2	1c. HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Port	2, Item 18.)	
	af f		all f either, notify medical exc	miner) P.M.	onth Doy Yeor				
	ING PHYSICIAN by the haspital of ther this certificat be detached far state Dept. af He	V.,		10. PLACE OF INJURY (AT H	OME, FARM, STREET, FACTORY.)	1f. LOCATION Street or R.F.D. No	o. City or Town	County	Stote
	the thi det		at work ot work						
	by fter be Stat		22o. I certify that (#)	(this haspital) attende	ed the deceosed from	1 - 30, 19	inion deoth occurred on the	19 <u>69</u> , that (4	H-(we) last
_	R: A	4.0	saw the deceased	alive on	errat) view the hody o	, and that in (1997) (our) op fter death	inion deoth occurred on the	dote and haur an	id from the
	ATT Share	9	22b. SIGNATURE	ove, (gr (we) (uiu) (uiu	mor) view the body o	ner deom.	2	2c. DATE SIGNED	_
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	AL LD LD LD Alie file	1	22d. PHYSICIAN'S	10-00	TO THE	22e, ADDRESS	DIRECTOR TINIS.	3-10	7
	ERA ERA Pr. P	1	NAME (Type)	VACO A	(CELLOG	6 FASTEI	no SHOPE ST	XTE HOS	P
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to		23o. BURIAL, CREMATION, 23	b. DATE	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City or Town)	(County)	(Stote)
	O O O Pak		230. BURIAL, CREMATION, 23 REMOVAL (Specify) Ma	ay 6, 1969	Parsons Co		Salisbury, Wicon		
	VR A15	0	24. FUNERAL DIRECTOR		ADDRESS	2So. REC'D I	BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE	I.C. val
	45M - 1X	66	HOLLOWAY & CO	IMPANY, SALI	SBURY, MARY	LAND DATE MAY	Y 8 1969 HCC	contes Jandy	الم

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16839 06838 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2b. HOUR 24 hours after deoth Mary Manth 24 Day 1969 Year (Type or print) Lillian mae Elliott 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS. last birthdoy) Female 5-8-95 White DAYS HOURS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ₽. USA Dorchester Maryland WIDOWED 5 DIVORCED within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within give street address) during mast af working life, even if retired.) remove carban Cambridge comptetely None buriol, cremation, or removol, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY Dorchester Cambridge YES 313 Choptank Que. 14. FATHER'S NAME Middle and 15. MOTHER'S MAIDEN NAME First Shorter the death certificate be Edward Sara 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) Medical Records of ESSN-Cambridge, A APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES [ NO M certificate OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M. Month Doy be detached for State Dept. of H (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased fram May 14, 1969, to May 24, 1969, that (I) (we) lost saw the deceased alive an May 24, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the be retained director, page 3 should should be filed with the TO FUNERAL DIRECTOR: causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) MAY 27,1969 DORCHESTER MEM. 24. FUNERAL DIRECTOR ADDRESS FUNERAL SER, CAMBRIDGE DAMAY 27



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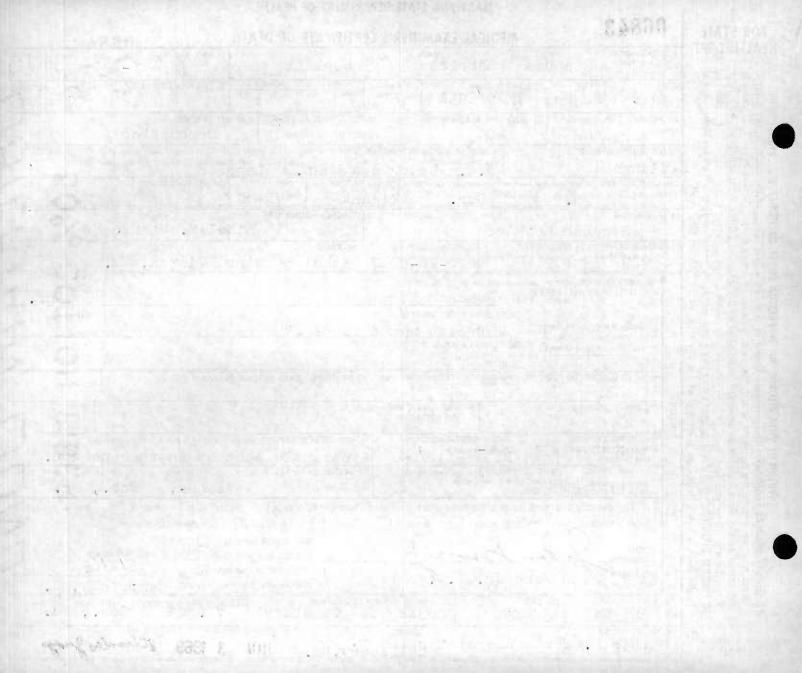
06841 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06840 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Year (Type or Print) ESTI-ROBBTE GIBSON MAE delay is and 3 to Poge 1969 DEATH MATED May 4. RACE 6. AGE (In years IE UNDER 24 HRS. 3. SEX 5. DATE OF BIRTH 2c. DATE PRONOLINGED DEAD the State Deportmen Sept. 10, 1916 Fmale Negro 2 Day Year 1969 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral directar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form country labama Dorchester IISA WIDOWED A DIVORCED [7] 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street oddress) e-Maryland Hospita during most of working life, even if retired.) Cambridge 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? land 2 with deoth. 13e. STREET AND NUMBER admission) ISTATE yland 13b. COUNTYrchester Williamsburg YES NO X RFD after 14 FATHER'S NAME First Last 15 MOTHER'S MAIDEN NAME First Middle Dix Williams Robert Catherine hours poges 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Johnnie Williams, Williamsburg, Maryland (Yes; no, or unknown) (If yes give war or dates of service) None File within 7 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Instant IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD removal be used 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? NO PA 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 10 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) DIRECTOR: Poge WHILE AT WORK AT WORK prior to burial, 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X. Inquiry and in my opinion death resulted from: Natural causes 🕱 . Accident 🗍 Suicide [ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 5 moy TO FUNE Health John Mace Ur. Md. NAME LYpe ADDRESS(Street, city, tawn, ar caunty) Cambridge. 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23h DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) May 8,1969 Petersburg Cemetery Near Hurlock, Maryland **ADDRESS** 24. FUNERAL DIRECTOR Drown trawsteur VR A15ME (5) Framptom Huneral eralsburg, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06842 06841 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a DATE OF DEATH 2b. HOUR (Type or print) Flizabeth 2015K1 physician and campusiery more. Pages 1 ien please remave carban papers. Pages 1 4. RACE 3. SEX S. DATE OF BIRTH 24 haurs after 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Poland Worcheste WIDOWED K DIVORCED [ 10. CITY, OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR dumo most of working life, ever if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed admission STATE NO V and for use as the burial-transit permit. Then piease remai Health priar ta burial, crematian, ar remaval, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last requires that the death certificate be 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (II yes give war or dates of service) Yes, no, of unknown) attending parent. The APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Cerebro Vascular Thrombosis days DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) eneralized artericsclerosis 5 days burial-transit rise ta immediate cause (a), DUE TO. OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending Chronic Cholethiasis with Cytiths Secondary Annia has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 🗍 TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year I be detached for State Dept. af H (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram 4/0/02 be retained by saw the deceased alive an 5/30/60 19 \_, and that in (my) (aUE) apinian death accurred on the date and have and from the director, page 3 shauld shauld be filed with the causes stated above, (1) (We) (did (did nat) view the bady after death. 22h SIGNALIARE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. PHYS. 22d. PHYSICIAN'S Preston Carbline Maryland NAME (Type) Harod .Plummer M.D. 23g. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) md retar 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Bliantes

Complete the same FERRALE Dorchester Polenda Lector Lite Kelk Cester Village to Kome tooberg awaker Underster Secretary X Maryland. Mrezinski SBINGTER CENTER Thinten FH St. 1 1 45 

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	thin 24 hours offer death. If any delay not in Item 18. Give Pages 1, 2, and 3 niner's Office along with form PM3. Popages I and 2 with the State Department hours after death.	coun	BIRTHPLACE (Stote	and	76. CITIZEN OF WI	A	WID	RRIED N	DIVO	RCED			ches				M
	INNER: This certificate should be executed within 24 hours after death. If cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  3 should be used as a burial-transit permit. File pages I and 2 with the State De lation, or removal, and in any event within 72 hours after death.	V	ity or town of Vienna		give	street oddress)	anbridg	ge H	osp.	during	most of	working l	(Kind of wo ife, even if	retired.)	12b. KINI INDUSTRY	D OF BUSII	VESS OR
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	EPUTY MEDICAL ESSARY, please exect funeral director. Pagy be retained for INERAL DIRECTOR:		ACTUAL SIGNATURE	Jus	mb	m	1	N	A.D. ASSI	EF MEDICAL ISTANT MED UTY MEDICA	ICAL EXA	MINER [		22b. DATE	signed 2/69		
	ro DEPUTY necessary, the funeral 5 may be ro FUNERAL		EXAMINER'S NAME (Type)	John !		. M.D.			ADD	RESS(Street	, city, to	wn, or cour	00	mbr:			
	0 5 ± 2 0 ±		BURIAL, (REMATE REMOVAL (Speci	ify)	6/4/69	Cr Cr	oss Ro	ad C	eme t			Vier		Do	(County)	Md.	rote)
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<u>%</u>	bee bee s th	123	ATIO	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERT	IFYING
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ž	or o			210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		er noture of injury in Port 1 or Port 2	?, Item 1B.)	
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OR ATTENDING PHYSICIAN: The low requires that the death	be retoined by the hospitol SIRECTOR: After this certifica e 3 should be detoched for ed with the State Dept. of He			saw the deceased a causes stated abave	live an e, (I) (we) (did) (did not) view th	sed from / > > , 19_ .1967, and that in (my) (aur) ap e bady after death.	pinian death accurred an the	date and haur an	id tram the
	sh cr			22b. SIGNATURE	010,15	ALO ATTENDING	MED. STAFF 22	c. DATE SIGNED	
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ITAL	Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	1		22d. PHYSICIAN'S NAME (Type) Donald	R. McWilliams, M	D. Box 248, I	East New Market,	Maryland	
So	UNE Schor	6	230	BURIAL, CREMATION, 23b.	DATE: 1 23c NAME O	F CEMETERY OR CREMATORY	23pl. LOCATION (City or Town)		(Stote) /
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ppito priffical af f	MEDICAL	(If either, notify me-	dicol examine	er) P.M.	Manth Doy Yeor							
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	M	21d. INJURY OCCURF While Not while at wark	RED 21e. F	PLACE OF INJURY	( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LO	CATION Stree	t ar R.F.D. Na.	City o	or Town	Caunty	State
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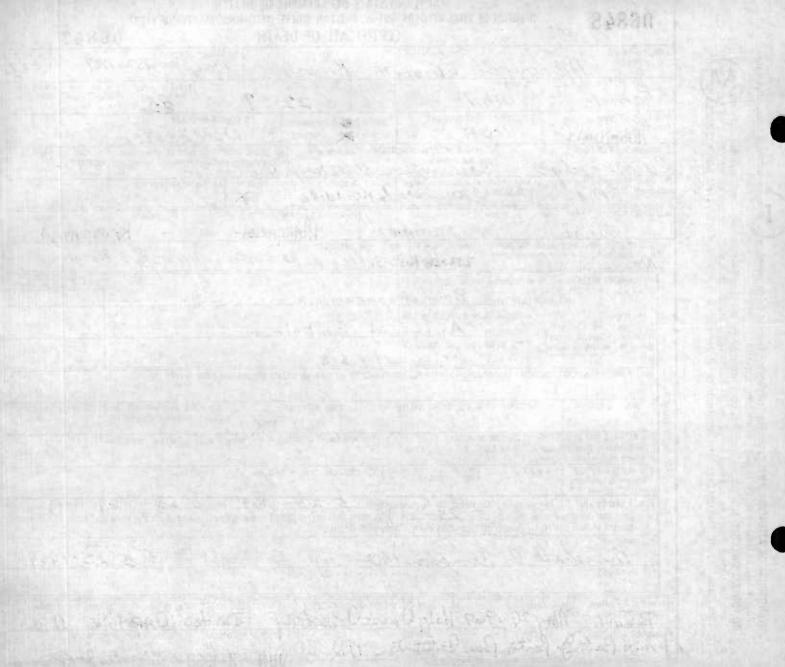
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificates be executed within 24 hours after death.  Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fiberal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	ME	at work at work			37 A	N Street or R.F.D. Na.	City ar Town	Caunty State
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 116847 06846 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH death. 2b. HOUR deoth eral (Type or print) Month 08 69Year Doy HOWARD KIRBY, SR. 05 JOHN 12:45M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF LINDER | YEAR IF UNDER 24 HRS. lost birthdoy) MALE 06-29-98 DAYS HOURS WHITE 70 buriol, cremotion, or removol, and in any event, within 72 haurs hour 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) papers. .5 U.S.A. WIDOWED [ DIVORCED [ DORCHESTER MARYLAND 24 filled IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.) ease remove corbon INDUSTRY CAMBRIDGE completely EASTERN SHORE STATE HOSP. CONTRACTOR UNKNOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed 136 COUNTY YES 💌 20 N. AURORA STREET NO T MARYLAND TALBOT EASTON 14. FATHER'S NAME and First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost pe P. KIRBY SALLY EDWARD ANN SANDERS physician **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate Page 4 may be retained by the hospital or attending physician. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address ATTO OF THE ves give war or dates of service)
UNKNOWN 219-03-6406 RECORDS OF EASTERN SHORE STATE HOSPITAL attending pny-APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. letial. throm bosis and IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gave a nteel. buriol-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse heral arterioscleratic arterial disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been detoched for use as the e Dept. of Heolth prior to Chranic Lease 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work be de State l 22a. I certify that (I) (this haspital) attended the deceased from Mayon may and that in (my) (our) apinion death occurred on the date and have and from the saw the deceased alive an\_ 19 director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dorchesty BURIAL, CREMATION. 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR

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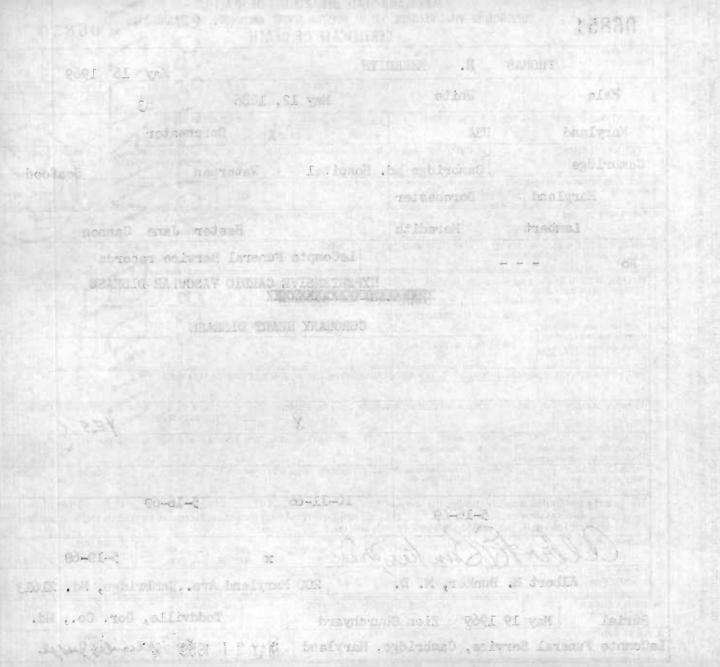


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  $0\,6\,8\,5\,1$ CERTIFICATE OF DEATH by the funeral Pages 1 and 2 nous after death. 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Ma Wonth Clarence Mills Otto 1969 9A 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS. DAYS lost birthdoy) HOURS 3/2/1892 Male White 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md. U.S. Dorchester WIDOWED [7] DIVORCED [ remave carbon paper n any event, within 72 and tompletely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired | INDUSTRY Cambridge St. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Md Dorchester NO [ Cambridge Travers St. any 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Lost Mills James Wilhelmeina Pattison the attending physician or isit permit. Then please 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) 218349795 Mills Mrs. Travers St. Cambridge 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) burial-transit rise to immediate cause (a). TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending priar ta use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TO ad far use af Health p YES [ TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while at work at work 22a. I certify that (I) (this haspital) attended the deceased from 11 1967, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive anshould causes stated abave, (1) (we) (did) (did nat) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 shauld be filed v DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) BUDYAL (Specify) 11/1969 E. New Market Cemetery E. New Market Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** herely 1969 30M REV. 1/68 Cambridge Md. 21613

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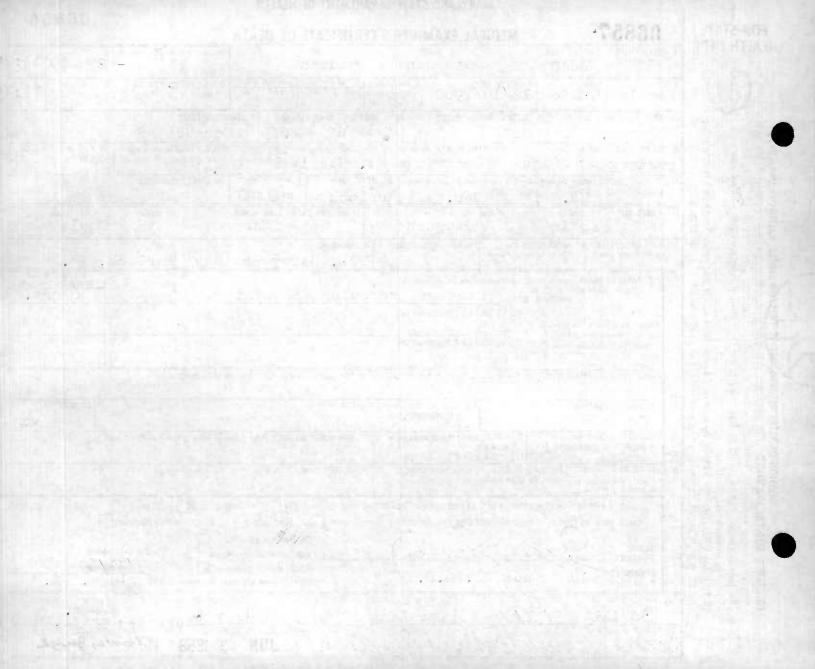
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06855 06854 CERTIFICATE OF DEATH DECEASED-NAME First Middle lost 20. DATE OF DEATH death. 2b. HOURG by the funeral Poges 1 and 2 24 hours after deoth. (Type or print) Month Yeor JO HN EDWARD POSTLEY 69 papers. Poges 1 nin 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) DAYS HOURS 2-15-9 NEGRO MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED .= country) WIDOWED . DIVORCED MARYLAND USA Filled DORCHESTER director, page 3 should be detoched for use os the burial-transit permit. Then pleose remove carbon pageshould be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR withi give street oddress) during most of working life, even if retired.) INDUSTRY rsician and completely f pleose remove carbon EASTERN SHORE RURAL FARMING CAMBRIDSE 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? executed odmission) STATE J3b. COUNTY NO COMICO 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Lost Lost the death certificate be UNKNOWN FARLOW attending physician permit. Then pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) RECORDS OF THE EASTERN SHORE STATE HOSPITA 217-14-8790A IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH RONCHOPNEUMONIA 1LATERAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 moy be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been MD 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) O HOSPITAL OR ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M / AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 6-1-5-10- 19 67, and that in (my) (aur) opinion death occurred on the date and haur and from the saw the deceased alive an\_\_\_\_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURI 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS 22d PHYSICIAN 22e. ADDRESS 23b\_DATE 23c. NAME OF REMETERY OR CREMAJOR BURTAL, CREMATION OCATION (City or Town) (County) (Stote) Q 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 1973 Jemos Par 5 45M

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within 24 hours after death tely filled in by the funeral rban papers. Pages 1 and 2 the within 72 hours after death	3. SEX MALE	4. RACE WHITE	S. DATE OF BIRTH 08-22-85	6. AGE (In yeors last birthday) 83	IF UNDER 1 YEAR
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DING PHYSICIAN: The low requires that the death c i by the haspital ar attending physician. After this certificate has been signed by the attending I be detached far use as the burial-transit permit. It state Dept. af Health priar ta burial, crematian, ar rem	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMED  486  Canditians, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.  190. DATE OF OPERATION 19b  21a. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF OEA (If either, notify medical exam 21d. INJURY OCCURRED While Nat wark 220. I certify that (I) (the saw the deceased causes stated obay	INDUITION FOR WHICH OPERATION WAS POME  OF THE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF (c)  INDUITIONS CONTRIBUTING TO DEATH BUT NOT (c)  OF THE CAUSE (d)  OF THE CAUSE (d), (d), (d), (d), (d), (e)  INDUITIONS CONTRIBUTING TO DEATH BUT NOT (e)  OF THE CAUSE (d), (d), (e), (e), (e)  OF THE CAUSE (d), (e), (e), (e), (e), (e), (e), (e), (e	IOT RELATED TO THE TERMINAL DISEASE OR  ERFORMED 200. AUTOPSY?  YES NO 2  21c. HOW INJURY OCCURRED (Enter  9  CTORY.) 21f. LOCATION Street or R.F.D. No  ed from 05/06/ , 19 december 1969 , and that in (my) (aur) op	20b. IF YES, WERE FINDINGS CONDITION GIVEN IN PART 1(a)  20b. IF YES, WERE FINDINGS CONDITION OF DEATH?  20 r noture of injury in Part 1 ar Part 2, 1  21 City ar Town  19  29  10  10  10  10  10  10  10  10  10  1	ONSIDERED IN CERTIFYING  Caunty State
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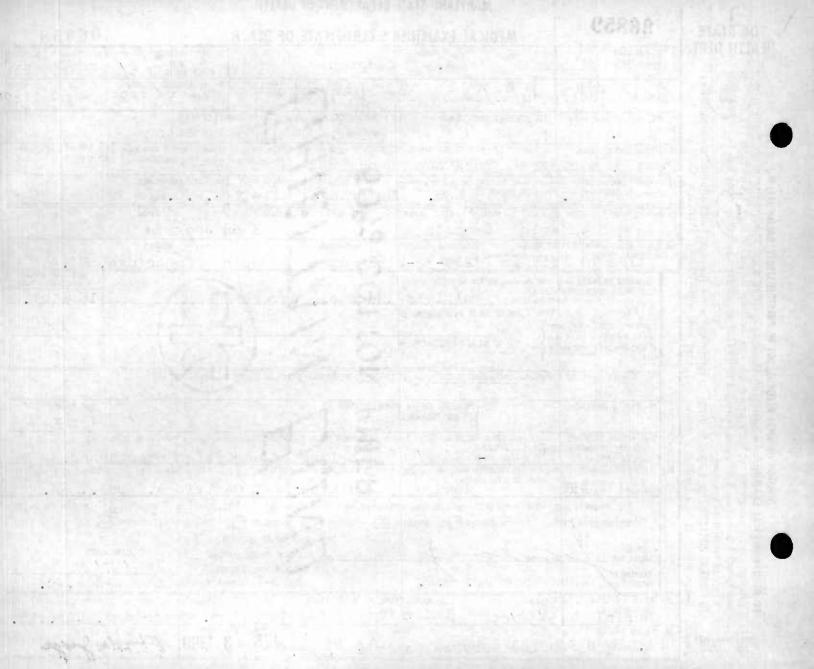
MARYLAND STATE DEPARTMENT OF HEALTH 06856 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN [X] (Type or Print) ESTI-Jean Gaughan Redman DEATH MATED IE UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 12/16/1900 6. AGE (In years IE UNDER | YEAR 2c. DATE PRONQUINCED DEAD White Female Doy Yeor the State Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country Penna. DIVORCED USA WIDOWED DE Dorchester 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street of the grant of the spite of working life, even if retired.) WxxxxxkCambridge **INDUSTRY** BALTIMORE, MA 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Z. with 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Dor. Hurlock YES NO Middle 14. FATHER'S NAME First Last 1S. MOTHER'S MAIDEN NAME First pages land Middle Martin Gaughan Mary Boyle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 301 W. PRESTON STREET, (Yes, no, or unknown) (If yes give war or dates of service) Hurlock. Mrs. Harry Holiday Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: = event within BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (a) Cerebral vascular accident hrs. DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF writing the ward any stoting the underlying couse = farwarded ta DIVISION OF VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) OS remayal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NOX the certificate, 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 3 should HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE QF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) NOT WHILE P 22a. I certify that I taak charge of the remains described above, held on Autopsy , for Inspection K. Inquiry and in my apinian funeral directar. death resulted from: Natural causes X, Accident , Suicide , Hamicide Undetermined manner pfior to CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S John Mace Health ADDRESS(Street, city, town, or county) Cambridge, NAME (Type) BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Our Lady of Good Councel 246 FUNERAL DIRECTOR VR A15ME 1969



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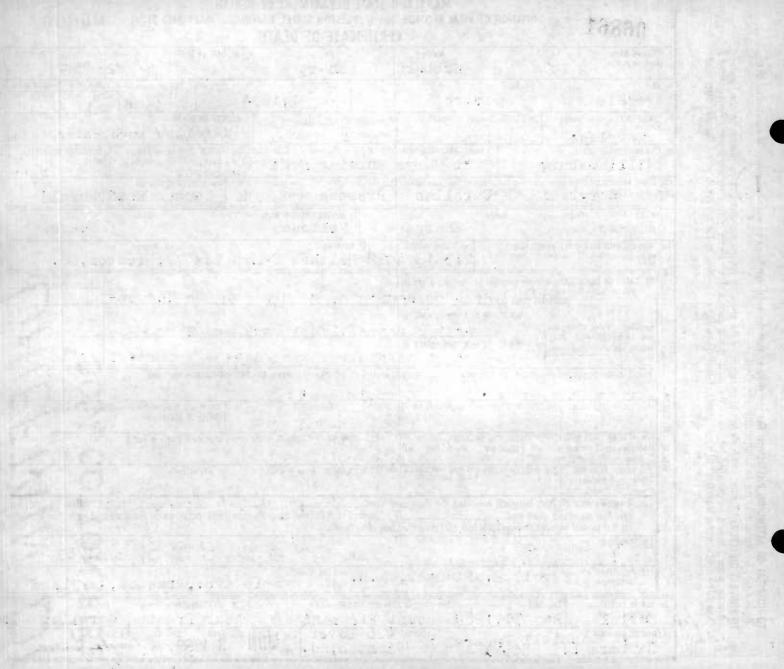
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	3. SE	A RACE Negro	5. DATE OF BIE	1941	6. AGE (In years ) 2aB birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	2c. DATE PRONOUNCED DEAD Month 5/ Day 2	2d. HOUR
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L 15	DICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF	INJURY Month, Do .M. 5/25/	19 69	Driver	of car	ure of injury in Part 1 ar Port 2, which overt	
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DIVISION O  TO DEPUTY MEDICAL EXAMINER: necessary, please execute the certi the funeral director. Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health prior to bucal cremation,		22o. I certify that I to			scribed above	, held an Autop	osy 🔀 , l	nspection , Inquiry [	, and in my opinion
TY MEDICA  Ty please ey  y, please ey  eral director.  be retained  (AL DIRECTO  prior to but		ACTUAL SIGNATURE	- 200	are L		CHIE	F MEDICAL EXAMI	NER 🗌	TE SIGNED
TO DEPUTY MEDICAL EXPRESSORY, please executive funeral director. Pag 5 may be retained far y 10 FUNERAL DIRECTOR: Pleafith prior to buccal.		PVANALIPRI	Mace J	r. M.D.		DEPU	ITY MEDICAL EXAM	MINER 15/3	27/69 ridge,Md.
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VR A15ME (5)		FUNERAL DIRECTOR St. Clair Fune			ADDRESS		2Sa. REC'D BY R	FGISTRAR 25b REGISTRAR	S SIGNATURE



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	ecuted within 24 hour completely filled in by ove corbon papers. y event, within 72 hour	13o. odm	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before mission)  STATE  Md.  13tD Clurchester  Cambridge  13c. CITY OR TOWN  Cambridge  13e. STREET AND NUMBER  13e. STREET AND NUMBER  103 Killarney F												
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0	uires yysic gned gned jrial		PART 2. OTHER SIGI	VIEICANT CON	(c)	TRIBUTING TO	DEATH RUT NO	T RELATED TO	THE TERMIN	AL DISEASE OR COL	NDITION GIV	EN IN PART 1(o	)		
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	or ose	L CER	210. ACCIDENT WAS	UNDERLYIN	G 21b. TI	ME OF INJURY A.M. Mont		21c. HO	W INJURY O	CCURRED (Enter r	nature of in	ury in Port 1 a	Part 2, Iter	m 1B.)	
	HYSICIAN hospital s certifico ached for ept. of He	MEDICAL	(If either, natify me	dical examin	ner)	P.M.	h Doy Yeor 19		- 4		2				
	he hos this ce detache Dept.	W	21d. INJURY OCCUR While Not while of work of wark							eet or R.F.D. Na.		y or Town		County	Stote
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hears, after death.		22a. I certify the saw the decreases sta	hat (I) (thi eceased al	i <del>s hospit</del> al) live on	did) (did	the decease	d fram	that in (r	лу) ( <del>241)</del> apin	, ta_ian death	accurred ar	the date	9 , that (I and haur on	) ( <del>we)</del> last id fram the
	OR ATTEND be retoined DIRECTOR: A je 3 should ed with the		22b. SIGNATURE	Tou abare	- 10	00)(00	4	in	ATTEND	INC /MT	D	CTAFF	22c. DA	TE SIGNED	
	OR be red w		de	male	H. My	ellu	eledo	DEGRI	EE PHYS.	DIR	D. RECTOR	STAFF PHYS.	3 3	5-27-6	,4
	Page 4 moy O FUNERAL I director, pog		22d. PHYSICIAN'S NAME (Type)	Donald	R. Mc	Willi	ams, M.	D.	Box	248 Ea	st Ne	w Marke	et, Ma	ryland	
	Page 4 O FUNI directo		BURIAL, CREMATION				23c. NAME OF				23d. LOCAT	TON (City or To	wn)	(County)	(Stote)
	5 5 5 p		BENDA J (Spalita)	5	/26/1	969	orche	ster	Mem.	Park	Camb	ridge	Dorc	hester	Md.
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Section 1		FILE FOLS . IEI	ngbladmet (	



1. DECEASED-NAME (Type or print)  CLAUDIA  Middle K.  3. SEX FEMALE  4. RACE WHITE	S TARK  S. DATE OF BIRTH 05-00-87		1.0147							
FEMALE WHITE										
T- DIDTIDLES (S /		last birthday) Manti	NDER 1 YEAR IF UNDER 24 HRS. (HS DAYS HOURS MIN							
70. BIRTHPLACE (State or foreign country) Moscow, USSR U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH  DORCHESTER	Md.							
10. CITY OR TOWN OF DEATH CAMBRIDGE  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)  12a. USUAL OCCUPATION (Kind af work dane during most of warking life, even if retired.)  12b. KIND OF BUSINESS OR HOUSEWIFE										
13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)  STATE MARYLAND  Web. COUNTY SOMERSET		Y LIMITS? NO [ ] 13e. STREET AND NUMBER								
14. FATHER'S NAME First Middle La: UNKNOWN	Last									
16d. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) (If yes give war or dales of service) UNKNOW		Address RDS, ESSH, CAMBRIDGE	, MARYLAND							
IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE (b)  Stating the underlying cause (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	OF	RCONDITION GIVEN IN PART 1(0)								
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WA	YES NO [									
OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)  OR CONTRIBUTING PAINT HOUR A.M. Manth Day Y	eor 19	ter nature of injury in Part 1 ar Port 2, Item 1	18.)							
While Nat while OFFICE BUILDING, ETC.	r, FACTORY.) 21f. LOCATION Street or R.F.D. N		unty Stote							
22a. I certify that (I) (this haspital) attended the dece saw the deceased alive an causes stated abave, (I) (we) (did) (did nat) view to 22b. SIGNATURE	ased from, 19, 19, 19, 19, and that in (my) (aur) and the bady after death.									
	D MENDING	MED. STAFF 22c. DATE	SIGNED 6 9							
22d. PHYSICIAN'S ROLD Right	PO DECREE OFFICE ST	DIRPETOR PHYS. PHYS.	2 701							

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d 2 ath.		PECEASED-NAME First Type or print)	Middle	Last	2g. DATE OF DEATH	2b. HOUR
funeral I and 2 ter death.		EARY		SYKES	MAY 29.	1969 M
<u>a</u>	3. 5		4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN
		FEMALE	NEGROID	AUG. 12,	1894 last hirthdoy) YRS.	MONTHS DAYS HOURS MIN.
)	7o.	BIRTHPLACE (Stote or foreign ntry)  CAROLINA	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED	DORCHESTER	Md.
63	3	CAMBRIDGE	11. NAME OF HOSPITAL OR INS give street address) CAMBRIDGE MI	D. HOSP., INC. during n	AL OCCUPATION (Kind of work dane nost of working life awen if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
00	13a.	USUAL RESIDENCE (Where deceos	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
1		MARYLAND	DORCHESTER	CAMBRIDGE YES N	155 11701 211	EET .
1	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		Last
	1	GEORGE	CRADLE	CHAS		CRADLE
	160.	WAS DECEASED EVER IN U.S. ARN Yes, no or unknown) (If yes give w	rar or dates of service)		Address	
	=		220-03-486		SCRANTON, N.	
		18. CAUSE OF DEATH (Enter and	y ane cause per line far (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (a) Cardiac de	ecompensation due	to	
		4124	DUE TO, OR AS A CONSEQUENCE OF			
		Canditions, if any, which gave ) rise to immediate cause (0),	(b) arterioscle	erotic C.V.D.		
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
	7	DART O OTHER COMPLICANT COM	(c)			
		PAKT Z. UTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	19a. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INCIDEDED IN CEDTIEVING
2	IFIC			YES NO K	CALIEFE OF DEATHS	NSIDERED IN CERTIFING
		210. ACCIDENT WAS UNDERLYIN	G 21b, TIME OF INJURY		r noture of injury in Port 1 or Port 2, It	rem 181
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Manth Day Year	The state of the s	or injury in roll 1 or roll 2, it	viii 10.j
	MED	21d INJURY OCCURRED 21e	PLACE OF INJURY / AT HOME, FARM, STREET, FACT	TORY.) 21f. LOCATION Street at R.F.D. No	. City or Town	Caunty Stote
		While Nat while ot work at wark	OFFICE BUILDING, ETC.	/		
		22a. I certify that (I) (thi	s haspital) attended the decease	d from May 27. 169	to May 29. 19	69 that (I) (we) lost
		saw the deceased al	s haspital) attended the decease ive an May 29 (I) (we) (did) (did not) view he b	and that in (my) (aur) op	inion death accurred on the dat	e ond hour and from the
			, (I) (we) (did) (did not) view he h	oady after death.		
		22b. SIGNATURE	111	DEGREE PHYS.	AFD STAFF	ate signed ne 6, 1969
,		22d. PHYSICIAN'S	you	DEGREE PHYS. 22e. ADDRESS	DIRECTOR LI PHYS. LI JUI	19 0, 1303
1		NAME (Type)	Edwin Fassett, M.		ch Ct Cambuid	Ma
	230	BURIAL, CREMATION, 236. C		EMETERY OR CREMATORY	gh St., Cambridge, 23d. LOCATION (City or Town)	
	ZJu.	DEMONIAL IS IT I	4 4 44	THEL		(County) (State) DOR• MD•
0	24.	FUNERAL DIRECTOR		D TO TROJUTO 250 REC'D E	Y REGISTRAR 256 REGISTRAP'S S	
X	-	talwik (	AMERICAMBRID	CE MD.	N 1 2 1989 Victo	SIGNATURE GREAGE.

THE REPORT OF THE PARTY OF THE 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06864 CERTIFICATE OF DEATH 06862 DECEASED-NAME First Middle last 2g. DATE OF DEATH 2b. HOUR (Type or print) GEORGE HERBERT TOLLEY, Sr. 1969 ve carban papers. Pages 1 event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. campletely filled in by the Panes Carban papers. Pages Male Whi te last birthday) DAYS HOURS April 6, 1889 xecuted within 24 haurs 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Maryland USA Dorchester WIDOWED [ DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Give street address)
Cambridge Md. Hospital ease remove carban during mast of warking life, even if retired.) INDUSTRY Seafood Cambridge Waterman 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Dorchester NO X YES T None Creek and in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Samuel Tolley Rebecca Parker physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 212 16 7842 LeCompte Funeral Service records burial, crematian, ar remaval, The law requires that the death certif APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave burial-transit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying couse! last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been far use as the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at work 22a. I certify that (I) (this hespital) attended the deceased framand that in (my) (our) apinian death occurred on the date and hour and from the saw the deceased alive on\_\_\_ directar, page 3 shauld should be filed with the couses stated obave, (I) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS 23b. DATE May 4, 1969 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) BUTIAL (Specify) Hosier Memorial Churchyard Fishing Creek, Maryland D BY REGISTRAR 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATUR LeCompte Funeral Service, Cambridge, Maryland

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APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH Mans. 20. AUTOPSY? NO IX YES 🗌 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State Inquiry and in my opinion Undetermined monner Cambridge, Ma. 230. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) May 17, 1969 Dorchester Memorial Park Cambridge, Maryland 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Killanles LeCompte Funeral Service, Cambridge, Maryland 1969

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12b. KIND OF BUSINESS OR

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2b. HOUR

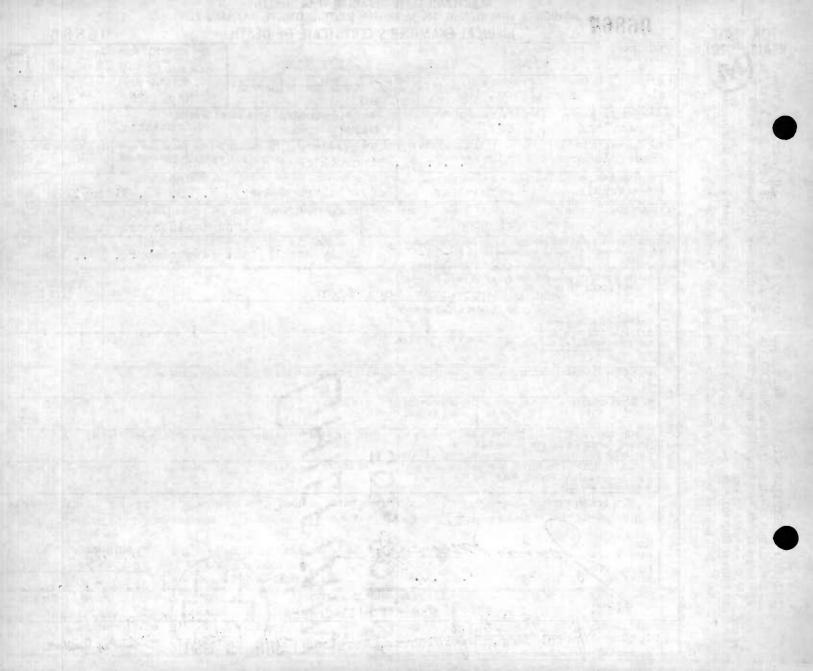
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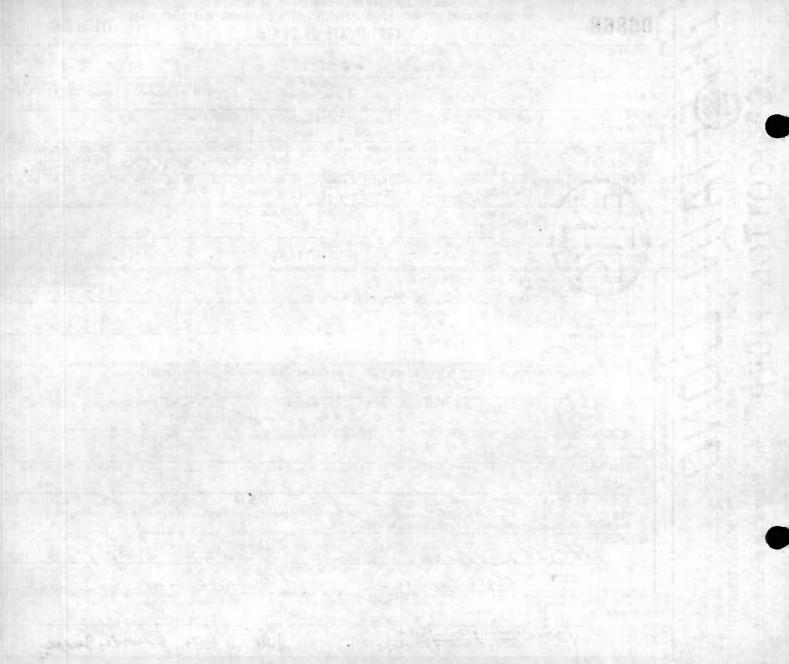
, 1	nıv		D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI		
	06866		ERTIFICATE OF DEATH		06864
death.	DECEASED-NAME (Type ar print)  James	Middle Henry	last <b>Wars t</b>	20. DATE OF DEATH  Month  May	2b. HOUR
we carbon papers. Pages 1 and 2. 100 december within 72 hours after death 130 december 130 decem	SEX 4.	RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IE UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a.	Male BIRTHPLACE (State or foreign 7b. (	White CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	1895 74 YRS. 9. COUNTY OF DEATH	
COL	Md.	U.S.	WIDOWED DIVORCED	Dorchester	
3 0	city or town of death  Cambridge	11. NAME OF HOSPITAL OR INST give street oddress). Campridge —	Md.Hospital during La	L OCCUPATION (Kind of wark done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Canning
)9 lad	. USUAL RESIDENCE (Where deceased liv nissian) STATE Md . 1:	2L COUNTY	13c. CITY OR TOWN Cambridge  13d. INSIDE CITY LIM YES NO		lossom Ave.
14.	FATHER'S NAME First	Middle Lost	1S. MOTHER'S MAIDEN NAME FI	rst Middle	Last
160	Joseph  a. WAS DECEASED EVER IN U.S. ARMED FI	A. Wars  ORCES? 166. SOCIAL SECURITY N	O 17 INFORMANT	etoria E.  Address	Hughes
Ye	Yes, na, ar unknawn). (If yes give war or do	Border 214-07	-9358 Mrs. Virgi	inia Lyons Car	mbridge Md.
	1B. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	e couse per line for (o), (b), ond (c).)		/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CA	AUSE (o) PICUTE	MYO CHEDING IN	CARETION	/ HR
	Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	erotte Heart )	1SEXSE	JEV. MONTH
	rise to immediate cause (o),( stoting the underlying couse(	DUE TO, OR AS A CONSEQUENCE OF			
	last.		ZED ARTERIOSCUST		Sev. YRS.
l	1/21100	TERMS PREUM	T RELATED TO THE TERMINAL DISEASE OR CO	pndition given in part 1(a)  CHRONIC GONGE	CHUE HEART
CERTIFICATION	190. DATE OF OPERATION 19b. COND	ITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	- Principle
		21b. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)
MEDICAL	(If either, notify medicol examiner)  21d. INJURY OCCURRED While Nat while of wark of work	P.M. 19 E OF INJURY (AT HOME, FARM, STREET, FACT	ORY.) 21f. LOCATION Street ar R.F.D. No.	City ar Town	Caunty State
	22a. I certify that (I) (this he saw the deceased glive	spital) attended the decease	d from 2-2-7, 19-6 262, and that in (my) (***) apir	9, ta 5-19, 19	169, that (I) (we) la
	causes stated abave, (I)	(we) (did) (did not) view the b	oady after death.		DATE SIGNED
	Ognald L. 14	belieleans,	DEGREE PHYS.	IED. STAFF   22C.	5-20-69
	22d. PHYSICIAN'S NAME (Type) Donald F	. McWilliams, M.	22e. ADDRESS	ast New Market,	Maryland
230	D. BURIAL, CREMATION, 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (Stote)
24	BENOVAL (Specify) 5/2	ADDRESS	ster Mem. Park	Cambridge Dor	chester Md
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FOR STATE	16867 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	865								
ALTH DEPT.	1. DECEASED-NAME (Type or Print)  First Middle Last 2a. DATE KNOWN Manth Day OF ESTI-DEATH MATED May 2.2  WASHINGTON DEATH MATED May 2.2	Yeor 25 HOUR								
PM3. P		ear 19 69 2d HOUR								
farm PM	70. BIRTHPLACE (State or foreign Country) Maryland  7b. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED 9. COUNTY OF DEATH DOrchester	Mr								
8. Give Pages 1, seleng with farm with the State De beoth.	Federalsburg   give street address) #1, Finchville   during most of working life, even if retired.)   INDUS	CIND OF BUSINESS OR TRY Farm								
41 61	AL RESIDENCE (Where deceased lived, if institution: Residence before lac. CITY OR TOWN 13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13b. 1994 Chester   Federalsburg YES   NO   R. F. D. #1, Finchville									
in Item 1 r's Office ss 1 and 2 rs after d	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Adam Washington Lena (maiden name un	last known)								
Examiner's File pages n 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 218-34-9287 Emily Washington, Federalsburg, Md	., RFD								
g the word "pending" ed to the Chief Medical s a burial-tronsit permit. and in any event withi	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Coronary occlusion  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise taim mediate cause (a), storting the underlying couse  [b]  DUE TO, OR AS A CONSEQUENCE OF  [c]  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH Instant								
cernitote, writing ould be forward es. should be used or ion, or removal,	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item IR)	20. AUTOPSY?  YES NO K								
P	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED L21e. PLACE OF INJURY (At home form street) 21f. IOCATION Street or R.E.D. No. City or Town									
- 60	21d. INJURY OCCURRED   21e. PLACE OF INJURY (At home, form, street, at work   AT WOR	nty State								
To FUNERAL DIRECTOR: Page 4  To FUNERAL DIRECTOR: Page 4  Mealth prior to burial, crem	220.   certify that   taak charge of the remains described obave, held an Autopsy   , Inspection   X , Inquiry   , and in my apinion death resulted from: Natural causes   , Accident   , Suicide   , Hamicide   , Undetermined manner    ACTUAL SIGNATURE									



3	1		06868	DIVISION OF	VITAL RECORDS,		ESTON STE			21201	06860	5
	death.		ECEASED-NAME First Type or print) RICH	ARD	Middle DAIL	WI	Lost FBSTER	20	DATE OF DEATH	th 21Doy	1 <sup>4</sup> 969	2b. HOUR 10:45 A M
	haurs after death	3. 5	Male :	4. RACE	ite		S. DATE OF BI	RTH Der 26, 1	882 6. AGE (	(In years rthday) YRS.	IF UNDER 1 YEAR MONTHS GAYS	IF UNDER 24 HRS. HOURS MIN.
	4 i d i j	7a.	BIRTHPLACE (Stote or foreign ntry)Maryland		7b. CITIZEN OF WHAT COUNTRY? USA			RIED 9. <b>CO</b>	UNTY OF DEATH Dorchest	ter		Md.
	within 24 ely filled i ban paper within 72		Rhodesdale give steel address ado dwing most of working life, even if retired.) INDU									USINESS OR
	executed within a campletely fill amove carban por any event, within	13o odn	USUAL RESIDENCE (Where deceonission) Maryland	13b. COUNTY	n: Residence before hester	13c, CITY OR Rhodes		YES NO NO	13e. STREET AND Eldora	NUMBER		
	be exe	14.	FATHER'S NAME First George W	Middle . Webster		314040		NIDEN NAME first Igusta Ho	weth	Middle		Lost
	physician nen please aval, and i		WAS DECEASED EVER IN U.S. AR. (If yes give	MED FORCES? var or dates of service)	165 SOCIAL SECURITY	NO 298 17. IN	IFORMANT Irs. Ed	lward Pay	ne, Rhode	Address esdale	, Maryla	ınd
X164	at the death of the attending sit permit. If matian, ar rem	N	1B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDICAL Conditions, if only, which gave rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	D BY: ATE CAUSE (o)  DUE TO, OR AS  (b)  DUE TO, OR AS  (c)	S A CONSEQUENCE OF	nic	Bro	DISEASE OR CONDIT	ION GIVEN IN PART	1(0)		ATE INTERVAL SET AND GEATH
	The law ratending e has been use as the alth priar to	CERTIFICATION			CH OPERATION WAS PE	1787.5	20o. AUTO YES	NO Z	CAUSES OF DEATI	H?	ONSIDERED IN CER	TIFYING
	YSICIAN: The ospital ar att ospital ar att certificate ha hed far use ht. af Health pt.	MEDICAL CE	21a. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF GEA  (If either, notify medical exom	HOUR A.M. ner) P.M.	Month Doy Yeor	9		URRED (Enter natu		1 ar Part 2, I		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creating the state Dept.		While of work  220. I certify that (I) (the sown the deceased of causes stated above 22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)	is hospital) atterlive on	did not) view the	ed from, and body ofter d	that in (m) eath.  ATTENDIN PHYS.  22e. ADD	y) (our) opinian  IG MED.  RESS MORE	STAFF	22c. I	County  Lig , that the and hour of  DATE SIGNED  Lig (County)	(I) (we) lost and from the
	0 0		KEWONAT PRESENT	lay 23, 19		cado Ce			Eldorado		land	(3,0,0)
	30M REV. 28	T.	ramptom Funcia	nome, r	eder Habu	rg, Md.		DATEUN		Chosy	es Judg	e.



7 1		00000	DIVISION				EPARTMENT   STON STREET, B			AND 21201				
FOR STATE		06869					CERTIFICA					06	867	
HEALTH DEPT.		ECEASED-NAME Type or Print)	First LOUI:	s M.		iddle	Los	t		2a. DATE KNOWN OF ESTI-	_	Day		2b. HOUR
oy is 3 ta Poge	3. S	EX 4.	RACE	S. DATE OF BU		6. AGE (In )	ears IF UNDER 1 YE	AR IF UNDER	24 HRS.	DEATH MATED 2c. DATE PRONOUN		20	1969	M 2d. HOUR
2, and 3 t			White	Mar 4,		last bighd	YRS. MONTHS DA	YS HOURS	MIN.	Manth 5	Day2-()	Year	1,69	4 75
orm P	7o.	BIRTHPLACE (Stote o	r foreign 7t	. CITIZEN OF WE			MARRIED NEVER	MARRIED DIVORCED		ity of DEATH rchester				Md
24 Hours ofter death in Item 18. Give Pages 1, r's Office olong with form es lond 2 with the State De rrs ofter death.		ITY OR TOWN OF D Cambridge	е	Cai	street address) <b>nori</b> dge	e Md. I	ITION (If not in hosposopital	pitol 12a. U durin	USUAL OCC g most of	UPATION (Kind af working life, even <b>aptain</b> 13e. STREET AND N	work dane if retired.)	12b. KINE INDUSTRY Fi	o of Busing	ESS OR
Hours often 18. Gin Office olong 10nd 2 with offer death	13a.	USUAL RESIDENCE dmission) STATE M	(Where deceased aryland	lived, if institution 13b. COUNTYD	orches	ter	Creek		NOX	None None	UMBER			
24 Hours is Office s lond s offer	14. F	ATHER'S NAME	First Louis	Middle	Wo:	Last L <b>fe</b>	1S. MOTHER'S	MAIDEN NAME		garet	Middle	Wa.	lost	
d within 24 Hours in pencil in Item 11 Examiner's Office File poges 1 and 2 v		WAS DECEASED EVER es no, or unknown)		RCES? or or dates of service)	16b. SOCIAL S 218 1	ECURITY NO. 4 5489	17. INFORMANT LeComp	te Fune	eral	Service	ress record	S		
C III II _		1B. CAUSE OF DE	H WAS CALISED	DV.								BETW	PROXIMATE IN VEEN ONSET A	TERVAL ND DEATH
d be executed "d"pending" in Chief Medicol E transit permit. F		4109	IMMEDIATI	E CAUSE (a)	AS A CONSEQ		clusion					Instant		nt
		Canditions, if any, rise to immediat		(b)	AS A CONSEQ	ULNCE OF						964		
wor wor the riol-		stating the under			AS A CONSEC	UENCE OF								
s certificate slee, writing the forworded to used os a bu	107	PART 2. OTHER SIGI	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
0 0 0 0	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?									1	AUTOPSY?	NO 🔽	
<u></u>	MEDICAL CER	21a. EXTERNAL CAU PRIMARY OR CO CAUSE OF DEATH				Day, Year	21c. HOW INJURY	Y OCCURRED (Er	nter nature	af injury in Part 1	ar Part 2, Ite			12.5
EXAMINER: cute the certi oge 4 should r your files. Poge 3 shoul I, crematian,	ME	21d. INJURY OCCUR  WHILE AT WORK AT WO	facto	ACE OF INJURY (. iry, affice buildin	At home, form g, etc.)	, street,	21f. LOCATION St	reet ar R.F.D. Na	1.	City or Town		County		State
ical E) executor. Pog ed for y crok: P							ove, held an A	- invested	Insp	ectian X,	Inquiry [	, an	d in my	opinion
pleose e I director retoined L DIRECT ior ta bu		death resul	ted from:	Notural caus	ses X,	Accident [	], Suicide [			Undetermine	d manner			
y, ple y, ple prior i		ACTUAL SIGNATURE	Jas	m 2	200	- 1	M D	CHIEF MEDICAL ASSISTANT MED			22b. DATE			
2 2 0 7 15		EXAMINER'S NAME (Type)	John	Mace J	r. M.	B.		DEPUTY MEDICA ADDRESS(Street	AL EXAMINE	ER X	5/ ambri	20/6		
TO DEP necessor the fun 5 may TO FUNE Heolth		BURIAL, CREMATION	,				TERY OR CREMATOR	Y		OCATION (City or 1		(County)	(Sta	
Help Adding		REMOVAL (Specify) Burial FUNERAL DIRECTOR	May	22, 19	69 Lo	udon P	ark Cemet		D DV 275	Baltimor		-	nd	
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2	06870			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH					06868			
/	÷ _ 2 ÷		DECEASED-NAME Firs		Middle		Lost		a. DATE OF DEATH			2b. HOUR
	death.		(Type or print) WALTE	2	REMUS	T	OOLFOR	ח	MAY Month	5 Doy	1969	M
	er er	3. 9		4. RACE	- G		S. DATE OF BI		6. AGE (In y	- 2	IF UNDER I YEAR	IF UNDER 24 HRS.
	ors after death The funeral Poges I and ours after death		MALE		NEGROID		DECEM	BER 26.	last hirthda		MONTHS DAYS	HOURS MIN.
	on b	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MAR		OUNTY OF DEATH	183.		
	d in d in 72 h	COL	MARYLAND		USA	WIDOWED		RCED 🔲	DORCHEST	ER		Md
	within 24 ho ely filled in the ban papers.	10.	CITY OR TOWN OF DEATH	11.	NAME OF HOSPITAL OR INS	TITUTION (If n	ot in hospitol	12a. USUAL O	CUPATION (Kind of wor	k done		BUSINESS OR
	be executed within 24 hours after death, and campletely filled in by the funeral in ony event within 72 hours after death.		CAMBRIDGE	C	ve street oddress) AMBRIDGE MI	. HOSI	. INC	during mast a	f working life, even if re ABORER	etired.)	INDUSTRY	
	supplet or cor event	13a	. USUAL RESIDENCE (Where deced	sed lived, if insti	tution: Residence before	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUM		- 1	
-	com com		MARYLAND	DORCH		CAMBI	RIDGE	YES NO	601 HIG	H ST	REET	
1	e ex	14.	FATHER'S NAME First	Middle		15		AIDEN NAME First	N	Middle		Last
	on con con con con con con con con con c	1/-	PHILLIP	HED CODCECO	MORRIS	in line		JANE			CLASI	H .
	e deoth certificote be executed withis ottending physicion and campletely formit. Then please remave corban on, or remaval, and in any event, with		. WAS DECEASED EVER IN U.S. AR Yes, na or unknown) (If yes give	war or dates of service)	16b, SOCIAL SECURITY N		NFORMANT	T MAY HADD		ddress	7m 0**	(20
	ph) hen navo	-			21/1-07-92		CORA	WOOLFORD	601 HIGH	STREE		L613
	th o		18. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI IMMED	nly one cause per D BY:	line for (a), (b), ond (c). Fremia							NSET AND DEATH
	deo trmil											
	the or sit pe		Conditions, if any, which gove	DUE TO, O	Cardiac Dac	ompens	sation	due to a	rterioscler	otic	CVRD	
	that on. by th ronsi		rise ta immediate cause (a),	(0)	R_AS A CONSEQUENCE OF							
1)	es the sicion side of the side		stoting the underlying couse last.	(c)	Bronchppneu	monia						
N	equires physici signed burial-t		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE OR CONDI	TION GIVEN IN PART 1(a)			
N	ng len s	z	0.5									
1	law endi s be as th	CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION FOR V	WHICH OPERATION WAS PER	RFORMED	20a. AUTO	PSY?	2Db. IF YES, WERE FIN	DINGS COL	SIDERED IN CI	RTIFYING
	The off	RTIF					YES 🗌	NO 🔀	CAUSES OF DEATH?			
	AN: or cate		210. ACCIDENT WAS UNDERLYI		OF INJURY A. Manth Day Year	21c. HC	W INJURY OCC	URRED (Enter nati	ure of injury in Part 1 or	Port 2, Ite	ım 18.)	
	SICI spit erriff ed 1	MEDICAL	(If either, notify medical exam	ner) P.A	A. 19						200	
	ATTENDING PHYSICIAN: The law requires that the deoth certificote etained by the hospital or ottending physicion.  CTOR: After this certificate hos been signed by the ottending physicion shauld be detached for use as the burial-tronsit permit. Then pleosy the State Dept. of Health prior to burial, cremation, or remaval, and	2	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LO	CATION Stree	et or R.F.D. No.	City or Tawn		Caunty	State
	the deli		at work at wark			A. A.	1017 2	10 09	to May 5,		69	
	Afte Afte Sto		22a. I certify that (I) (the saw the deceased of	ilive an Mav	flended the decease	d from	that in (m	v) (our) aniniar	death occurred an	, 19_	, that	(I) (we) last
	OR:		causes stated abov	e, (I) (we) (did	d) old nat) view the	ody after	leath.	,, (oor, aprillar	deam occorred an	THE GOTE	and noor	and from the
	R A reto		22b. SIGNATURE	1 lex	use		ATTENDIN	VG MED	STAFF	22c. DA	TE SIGNED	1060
	be Dige		22d, PHYSICIAN'S	1	7	DEGR	EE PHYS.	DIRECT			ay 8,	
	RAL Po		NAME (Type) J. H.D.	VIN FARS	ETT, M.D.		623	HIGH ST.	, CAMBRIDGE	, MAI	RYLAND	21613
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificote be exemple 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and confirector, page 3 shauld be detached for use as the burial-transit permit. Then please remain should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any	230	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF (	EMETERY OF			f. LOCATION (City or Tov			
	Pag O Flag dire	200	REMOVAL (Specify)	170460	25t. NAME OF	WAUGH	CKEMATUKT		CAMBRIDGE		(Caunty)	(State) md.
	00	24.	FUNERAL DIRECTOR	11/1	STADDRESA		HOME	25o. REC'D BY REC	GISTRAR 25b. REG	ICTDAD'C C	GNAJURE	Miles
	VR A15 (4) 45M - 1,69	15	Heliciel C.	Heis	CAMBRI			DMAY 12	1969	JOHNAK S SI	2 Judy	E